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TO: Assisted Living Residence Executive Directors

FROM: Elizabeth C. Chen, Secretary

SUBJECT: Amended Assisted Living Residence Operators Guidance and Policies and Procedures to Protect Residents, Facilities, and Services during the COVID-19 Outbreak

DATE: June 1, 2020

This memorandum replaces the memorandum issued on March 16, 2020 and is effective as of June 3, 2020.

On March 10, 2020, Governor Baker declared a state of emergency to support the Commonwealth's response during the outbreak of Coronavirus (COVID-19). The Commonwealth continues to work with state and federal agencies and local partners on the outbreak COVID-19, and we continue to appreciate the essential role you play in responding to this evolving situation. Assisted Living Residences (ALRs) should immediately implement the following provisions to protect the health and safety of residents and staff.

Resident Visitors Policies and Procedures:

ALRs may allow visits with residents, provided that the physical distancing and protection requirements described in detail below are followed. As much as possible, ALRs should continue to use alternative electronic methods for communication between residents and visitors, such as Skype, FaceTime, WhatsApp or Google Duo.

Designated Outdoor Visitation Space:

An ALR may allow in-person visitation in a designated outdoor visitation space, provided that the ALR implements all of the following safety, care, and infection control measures:

- A resident who is suspected or confirmed to be infected with COVID-19 cannot be visited; a resident who has recovered from COVID-19 may be visited.
- Prior to a resident arriving at the designated outdoor visitation space, the ALR must screen the visitor for fever or respiratory symptoms. Any individuals with symptoms of COVID-19 infection (i.e., fever equal to or greater than 100.0 F, cough, shortness of breath, sore throat, myalgia, chills or new onset of loss of taste or smell) will not be permitted to visit with a resident.
- An ALR staff member must accompany the resident to and from the designated outdoor visitation space in a safe and orderly manner. At a minimum, the resident shall not go through any space designated as COVID-19 care space or space where residents suspected or confirmed to be infected with COVID-19 are present.
- An ALR staff member trained in such resident safety and infection control measures must remain with the resident at all times during the visit.
- Visitors must be limited to no more than two individuals for each resident. Every visitor must agree to conditions described below regarding Monitoring Symptoms.
- A visitor must remain at least six (6) feet from the resident and attending staff member(s) at all times during the visit.
- Staff and residents must wear a surgical face mask and visitors must wear a face covering or mask for the duration of the visit.

Visits with a resident in a designated outdoor space must be scheduled in advance and are dependent on permissible weather conditions, availability of outdoor space, and sufficient staffing at the ALR to meet resident care needs, and the health and well-being of the resident.

An ALR may limit the length of any visit, the days on which visits will be permitted, the hours during a day when visits will be permitted, and the number of times during a day or week a resident may be visited.

Compassionate Care Visitation:

For compassionate care situations, including but not limited to an end-of-life situation, ALRs must limit visitors in the residence to a specific room: either the resident's room (provided that the resident has a private room), or another location designated by the ALR. ALRs must require visitors to perform hand hygiene. Decisions about visitation during an end of life situation should be made on a case-by-case basis, which should include careful screening of the visitor (including clergy, bereavement counselors, etc.) for any symptoms of COVID-19. Individuals with symptoms of a respiratory infection (fever equal to or greater than 100.0 F, cough, shortness of breath, sore throat, myalgia, chills or new onset of loss of taste or smell) should not be permitted to enter the ALR at any time.

For those who are in end-of-life situations, visitors should be allowed a time-limited visit and be given a face mask if they do not have a face covering or mask. For those visitors who are permitted to visit in compassionate care situations, the visitors must be restricted to the resident's room or other location designated by the ALR. They must also be reminded to frequently perform hand hygiene.

Monitoring Symptoms Post-Visit

Any individual who enters the ALR and develops signs and symptoms of COVID-19, such as fever, cough, shortness of breath, sore throat, myalgia, chills, or new onset loss of smell or taste within two (2) days after exiting the ALR or designated outdoor space must immediately notify the ALR of the date they were in the residence, the individuals they were in contact with, and the locations within the ALR they visited. ALRs should immediately screen the individuals who had contact with the visitor for the level of exposure and follow up with the ALR's executive director or resident's care provider.

Exceptions to Visitor Limitations:

Health care personnel: ALRs should follow CDC guidelines for the management of health care personnel who may have been exposed to COVID-19 which can be found at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

The ALR must confirm that health care personnel do not have any signs or symptoms of COVID such as a cough, shortness of breath, or sore throat, myalgia, chills, or new onset loss of smell or taste and a fever by taking each healthcare personnel's temperature upon arrival. The health care worker's temperature must be below 100.0 °F for him or her to enter the ALR and provide care.

Screening and temperature checks also apply to other health care personnel, such as hospice workers, dialysis technicians, nursing students or Emergency Medical Service (EMS) personnel in non-emergency situations, that provide care to residents. They should be permitted to come into the ALR as long as they meet the CDC guidelines for health care personnel.

In emergency situations, EMS personnel should be permitted to go directly to the resident.

ALRs should maintain a visitor log with contact information for all visitors to enable accurate public health contact tracing should there be a need (refer to 651 CMR 12.04(13)(b)).

Staff Policies and Procedures:

- If staff are feeling unwell or otherwise displaying illness symptoms, they should stay home.
- Restrict non-essential staff including volunteers and non-essential staff (e.g., barbers) from entering the ALR.
- Screen all staff at the beginning of their shift for fever and respiratory symptoms.
- Staff who work in multiple locations may pose higher risk and should be asked about exposure to locations with recognized COVID-19 cases.

If a resident develops new symptoms: Fever, Cough, Shortness of breath:

- Wellness Nurse should seek permission from Resident or legal representative to call the person's health care provider for guidance and coordination.
- If residents are symptomatic, have them put on facemasks and self-isolate in their units.

Environment:

- Residents with known or suspected COVID-19 should be cared for in a single-person unit with the door closed.
- Increased emphasis on early identification and implementation of source control (i.e., putting a face mask on patients presenting with symptoms of respiratory infection).

Please review the complete CDC guidance that may be found here:

https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html

Ombudsman Program:

Residents have the right to access the Ombudsman program and to consult with their legal counsel. If in-person access is allowable, use the guidance mentioned above. When in-person access is not available due to infection control concerns, ALRs should facilitate resident communication (by phone or another format). .

Prevention Strategies Inside the Assisted Living Residence:

- Regularly wash your hands [with soap and water](#) for 20 seconds or use alcohol-based hand sanitizer. (See [Clean Hands Count for Healthcare Providers](#).)
- Do not touch your face with hands or provide assistance to Residents until your hands have been washed or sanitized.
- Cough and sneeze into the elbow or into a tissue. Throw away the tissue immediately after use and then wash hands or use hand sanitizer. (See [Respiratory Hygiene/Cough Etiquette in Healthcare Settings](#).)
- Frequently clean and disinfect surfaces high touch surfaces like door knobs and counters using an [EPA-registered disinfectant](#)

Dining Rooms/Cafes

All ALRs should continue to suspend communal dining, as well as internal and external group activities.

Communicate with staff, residents, and visitors:

Every individual has a personal responsibility to minimize risk of spreading illness. Share information with residents and families about the measures you are taking to protect your residents from COVID-19.

Stay Current:

Assign one person at each ALR to monitor public health updates from:

- Your Local Public Health Department
- The Massachusetts Department of Public Health
- The Centers of Disease Control and Prevention Situation

Plan Ahead:

Develop a plan for:

1. Transporting residents (or staff while at work) with symptoms to and from medical facilities for testing.
2. Resident isolation if a resident develops COVID-19 and needs to be isolated and cared for “at home.” Inform and coordinate plan with local public health.
3. Use of personal protective equipment for caring for residents with symptoms of respiratory infection. Inform and coordinate plan with local public health.
4. A liberal employee sick leave policy that is not a disincentive for remaining home if sick.

Inventory and maintain essential items including, but not limited to, disinfectant cleaning supplies, hand sanitizer, rubber gloves, face masks, disposable plates and cutlery, facial tissue and toilet paper, and personal protective equipment.

Additional Background:

COVID-19 Basics:

What is it?

- COVID-19 is an infectious disease caused by a new type of coronavirus that hasn't been identified before. The virus that causes COVID-19 is not the same as other coronaviruses that commonly cause mild respiratory tract infections in humans, like the common cold.

How does it spread?

- According to the CDC, the virus is thought to be spread mainly between people who are

in close contact with one another (within 6 feet) by respiratory droplets produced when someone who has the virus coughs or sneezes.

- These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.

Who is at higher risk of getting sick?

- Those considered “high risk” include people over the age of 60, anyone with underlying health conditions or a weakened immune system and pregnant women.

For questions about this memorandum please call the Executive Office of Elder Affairs (EOEA) at (617) 727-7750

For information about COVID-19 visit the DPH website at [mass.gov/2019coronavirus](https://www.mass.gov/2019coronavirus).

If you have specific questions related to an exposure to COVID-19 call DPH’s epidemiology line at 617-983-6800 or your local health department.